

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00508440	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Human Rights Campaign</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 29 / 2016</b>		
Mailing Address <b>1640 Rhode Island Ave NW</b>			Amount <b>1175.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D623237</b>		
Purpose of Expenditure Video Production - staff time (nationally disseminated video)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 29 / 2016</b>		
Name of Federal Candidate <b>Hillary Rodham Clinton</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>2350.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Human Rights Campaign</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 29 / 2016</b>		
Mailing Address <b>1640 Rhode Island Ave NW</b>			Amount <b>391.67</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D623238</b>		
Purpose of Expenditure Video Production - staff time (nationally disseminated video)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 29 / 2016</b>		
Name of Federal Candidate <b>Rafael Edward Cruz</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>2350.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1566.67</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 29 / 2016**

Signature